

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

FILED
SCRANTON

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

MAY 24 2021

Mr. Lawrence E. Dixon #01751862
Full Name of Plaintiff Inmate Number

PER dw
DEPUTY CLERK

Civil No. 1:21-CV-0935
(to be filled in by the Clerk's Office)

v. Hodge Prison
Head Warden
Mr. John McDaniel
Name of Defendant 1
Hodge Prison

☐ Demand for Jury Trial☐ No Jury Trial Demand

Administration and Staff Supervisor
Name of Defendant 2

Hodge Prison medical DepartmentDr. Sarah Pierson

Name of Defendant 3 Hodge Prison
Assistant Warden

Ms. Audrey A. Englund

Name of Defendant 4 Hodge Prison
Co-IT Security Officer

Ms. Karen Pyle

Name of Defendant 5

(Print the names of all defendants. If the names of all
defendants do not fit in this space, you may attach
additional pages. Do not include addresses in this
section).

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☒ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Mr. Lawrence E. Dixon # ~~01751862~~

Name (Last, First, MI)

01751862 TDC-J Number

Inmate Number

Hodge Prison 379 Fm 2972 W. Rusk Texas 75785

Place of Confinement

Hodge Prison

Address

379 Fm 2972 W. Rusk TX. 75785

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

HEAD Warden Mr. John McDaniel

Name (Last, First)

Mr. John McDaniel

Current Job Title

HEAD Chief Warden

Current Work Address

~~379 Fm 2972 W. Rusk TX 75785~~ 379 Fm 2972 W. Rusk TX 75785

City, County, State, Zip Code

Defendant 2:

Hodge Prison Administration Supervisor

Name (Last, First)

Hodge Administration Supervisor

Current Job Title

The Security Head Staff

Current Work Address

379 FM 2972 W. RUSK TX 75785

City, County, State, Zip Code

Defendant 3:

Hodge Prison Doctor and medical Department

Name (Last, First)

Dr. Sarah Pierson

Current Job Title

Hodge Prison Assist - Doctor

Current Work Address

379 FM 2972 W. RUSK TX 75785

City, County, State, Zip Code

Defendant 4:

Hodge Prison Assist - Warden

Name (Last, First)

Ms. Audrey A. England

Current Job Title

Warden Assist - Warden

Current Work Address

379 FM 2972 W. RUSK TX 75785

City, County, State, Zip Code

Defendant 5:

Hodge Prison Security

Name (Last, First)

Ms. Karen Pyke

Current Job Title

Co-II TDCJ Security Officer

Current Work Address

379 FM 2972 W. RUSK TX 75785

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

I Have been PHYSICAL ASSAULT, I ALSO BEEN SEXUAL ASSAULT
I Have been mistreated here. I Amendment Rights Have been
Violated here. I Have was ASSAULT with UNNECESSARY MISUSE OF FORCE

B. On what date did the events giving rise to your claim(s) occur?

THIS IS EVERY DAY ALL DAY. THIS STARTED
6-9-16 AND IS STILL CONTINUING WITH THE VIOLENCE AND
THE VIOLATION OF OUR RIGHTS. AS THIS YEAR 2021

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

THE FIRST TIME I WAS INJURY WAS WHEN OFFICER DANNY BROWN
USE UNNECESSARY USE OF PHYSICAL OF FORCE ON ME 6-9-16 - I WAS HURT
NOW IN 3-3-19 - I WAS FOOD POSION AND THE MEDICAL DEPARTMENT AND
DOCTOR WANT TO COVER IT UP BYE MIS DIAGNOSED AS A VERUS.
NOW I WAS INJURY AGAIN ON THIS DATE 2-16-20
I WAS PHYSICAL ASSAULT TWICE IN THE SAME DAY AND THEN
I WAS PHYSICAL SEXUAL ASSAULT AS WELL THE SAME DAY
BECAUSE THE LACK OF SECURITY AND THE FAILURE OF
SECURITY. AND THE FAILURE AND THE CONDITION TO PROVIDE
SAFETY LIVING FOR INMATES. THE OUTRAGEOUS CONDITION
OF THE 'OUR RIGHTS' ME MYSELF I TO SUFFER WITH SECOND HAND
AND SMOKING WHEN IT COME TO STOPPING SECOND HAND
SMOKING THIS PRISON FAILURE AT IT. I BEEN SUFFER
WHEN THIS FOR TWO YEAR NOW. 1-1-19 - TO NOW 7-1-21
AND THIS PRISON WILL NOT STOP IT AND SOME ON THE OFFICERS
WHEN SMELLING THE SMOKE WILL WALK OFF LIKE THEY DONOT
SMELL IT, AND SOME ON THEY BRING IT IN AND
TDCJ OFFICER FAILURE TO PAY FOR VALUE PROPERTY WAS LOST

Mr. Lawrence E. Dixon # 1751862

The Second Statement of Facts Sheet

I Mr. Lawrence Dixon Have Receive Cruel and UNUSUAL Punishment. and the Condition of this Prison is UNSafe to Live on and the Violence Condition the Health Condition From the Smokeing of other inmate is OUTRageous. Our Health is been Put At High Risk with the Smokeins. I Have been Food Posion here And the Medical Department Have Put my life IN Danger more then 1 time. when it come to Protect the inmates here the Security Have Failed to Provide Safe Security. they Have Failed in they Duty. AND I Have lost Value Property where officer Failure to Do they Duty.

THANK YOU

Lawrence Dixon

Date: 5-21-21

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

my Rights of Protect been Protect From Harm was violated to Say Not to Medical treatment was been violated by medical Department And my Life was put At a Hithh Risk of been Harm. The Condition of this Prison Had Violated my Right Failure too Security this prison in the proper way, - the Condition of this prison Violence is Poorly and OUTRageous Condition. The Food Condition is Not good to Freed Human Here there is Outdate and Very old and Toxic. Policy on Force here is ~~unness~~ UNNECESSARY and Should be Held a violate of CARESS and violence again inmate in prison. Smoke is A Violation Condition of our Health and the Violation of inmate Value Property when it Have been stole because officer Failure to Property Packet it. Violation

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

I Suffer with Back Pain and I Suffer with Head injury Pain I Suffer with Knee Pain, and Suffer with Smoke, Suffer with Neck Pain

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I want to be Compensatory For All injury and damages and for All Suffering and mental exmotion and Stress and Pain. I Seeking monetary Relief million and million of Dollar for Relief.

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

Lamarr E. Dyke

Signature of Plaintiff

5-21-21

Date

United States District Court
Middle District of Pennsylvania

I Mr. Lawrence E. Dixon #1751862
379 FM 2972 W. Rusk TX 75785 - Hodge Prison

I Swear Lawrence Dixon in this
Complaint Application Here That I Sent
to your Courts. is the True Fact of this
Law Suit I Have Filed with your Court
the Statment that you Are Read is true.
I Seeking Justice for the wrongs that Texas
State Law Force is mistreated inmates here
AND I CANNOT get the Right JUSTICE here
I Have Filed So many Claims here try too
~~Receive Justice for the past and suffering that~~
this Prison Have Cause me. I Have did every
thing they Have ask me to DO BYE Filed A
Law Suit But they keep DENIED my Case.
I Have Filed So many grievance Step (1) and
Step (2) Grievance Some I CAN BACK NOT been Process
or Been Filed. So these is the ones I Have Now and
I'm wait For the Return of the other Grievances
STEP-1) and STEP (2)

Next Page (1)

NOW I CAN Hire MY OWN Attorney here
I REQUEST For A Legal Court APPOINT COUNSEL,
I would ALSO Like to REQUEST that The
Middle District Courts PENNSYLVANIA
was waiver the Rights to Hear this case
in the State of PENNSYLVANIA. because Texas
Courts here is been UNfairly with Justice
here. I wrote this motion to move this
AND waiver my Rights too Have this Claims
Complaint move too the Middle District
Courts SCRANTON, PA

Mr. Lawrence E. Dixon #1751862

LAWRENCE E. DIXON #1751862

Date: 5-21-21



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2021074598
 Date Received: FEB 23 2021
 Date Due: 4-09-21
 Grievance Code: 600
 Investigator ID #: 12820
 Extension Date: _____
 Date Retd to Offender: APR 08 2021

Offender Name: Lawrence Dixon TDCJ # 1751862
 Unit: Hodge Housing Assignment: J-2-F-Wing
 Unit where incident occurred: SkyView medical Department

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing. It was no need too call for rank

Who did you talk to (name, title)? because Lt's Path was there When? 2-13-21

What was their response? The nurse and Lt's Path both knew that the F-Wing would be upset

What action was taken? They knew that I would be threatened and harm, they lock us down

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I inmate Mr. Lawrence E. Dixon, # 1751862 ON this Date and time 2-13-21
Time 1:00 AM, I was call too come too SkyView medical Department
by two SkyView. Nurse, (1) male and (1) female. They ask me about the
F-60. I wrote too medical, I told them that I had been have chest
pain and I could breathe when I walk and my side was hurt me also
They both ran testes on me, and both said that every thing was
OK. then the female nurse look at the computer and seen where that
I had a hospital appointment for my lung in Glaxeston Hospital.
Then she said these words I not think you will be able to go
because on the Ice Storm. Then she said let her call the
doctor Dr. pierson and let her know, and see what she say about
this. so we did. she told the doctor then the two have me too
happening
I did this Twice. so then I could not breathe again.
so then the nurse said that I was having problem breathe
and then the doctor said well it sound like his lungs
and no it not COV-19 Verus or New MORN it is lungs
send him to the Hospital in Jacksonville - he is clear of the
COV-19 Verus and the New morn. After I find out that when
Return Back From the Hospital, I would be lock down for 10
Days so then I told the nurse that I did not want to go if I
Have too been lock down for 10. She said then I did all of this
and you are refuse too go I say yes I'm Refuse.

if I get injury at ANY time because
ps. of this mistreat and negligent that this
Nurse did. I will filed A law Suit

So then the nurse said then you going too be lock down ANY way if you ~~not~~ DONOT go. She lock me down because I REFUSE to go too the Hospital. Hodge security came and took me to L-wing to be lock down. then 5-minute late Hodge security came back and say NO DIXON YOU ARE GO BACK TOO YOUR F-wing NOT KNOWING THAT THIS NURSE HATE ME SO MUCH ~~for~~ because I REFUSE to go too the Hospital. She was so upset with me too where she I put my Life in Danger AND put me at a High risk of been injury by other inmate because she had mis diagnosis my sickness. because she Hate that I refuse medical. Now I been threat. I Have been threat every Day from other inmate on F-wing because of this nurse Hate and be upset with me. I Have been put at very High risk of been Harm. if so I would want too hold her Available.

Action Requested to resolve your Complaint: I Have been threat every Day from other inmate on F-wing because of this nurse Hate and be upset with me. I Have been put at very High risk of been Harm. if so I would want too hold her Available.

Offender Signature: Lamune Day Date: 2-17-21

Grievance Response:

A review of your health record indicates that nursing staff followed procedures exactly as required when inmates are considered to have symptoms related to the COVID-19 virus. Even though you refused off-site treatment, it was necessary to restrict you and your housing area until test results were obtained. The investigation has failed to produce sufficient evidence to support your claims against health services staff. Grievance denied.

Christina Moore
Business Manager, Inpatient Operations
University of Texas Medical Branch (UTMB)

Signature Authority: Christina Moore, Business Mgr.

Date: 4/7/21

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted.
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission	UGI Initials:
Grievance #:	
Screening Criteria Used:	
Date Recd from Offender:	
Date Returned to Offender:	
2 nd Submission	UGI Initials:
Grievance #:	
Screening Criteria Used:	
Date Recd from Offender:	
Date Returned to Offender:	
3 rd Submission	UGI Initials:
Grievance #:	
Screening Criteria Used:	
Date Recd from Offender:	
Date Returned to Offender:	

Appendix

TEXAS COMMISSION ON JAIL STANDARDS

EXECUTIVE DIRECTOR
Brandon S. Wood



P.O. Box 12985
Austin, Texas 78711
Voice: (512) 463-5505
Fax: (512) 463-3185
<http://www.tcjs.state.tx.us>
info@tcjs.state.tx.us

April 29, 2021

Lawrence Dixon
TDCJ-Hodge Unit
379 FM 2972
Rusk, TX 75785

Dear Mr. Dixon,

I have received your letter regarding the TDCJ- Hodge Unit. Please be advised the Texas Commission on Jail Standards has regulatory authority over county and privately-operated jails that house county and out of state inmates. Our commission regulates jails to ensure that they are in compliance with minimum standards. The allegation that you addressed in your complaint does not fall under our purview.

Please address your concerns with:

Texas Department of Criminal Justice - Institutional Division at P.O. Box 99, Huntsville,
TX 77342-0099

I am returning your letter for your reference.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Thomas".

Elizabeth Thomas
Complaint Inspector
Texas Commission on Jail Standards

Judge Bill Stoudt, Longview, Chair
Dr. Esmaeil Porsa, M.D., Houston, Vice-Chair
Melinda E. Taylor, Austin

Sheriff Bryan Weatherford, Woodville
Sheriff Kelly Rowe, Lubbock
Patricia M. Anthony, Garland

Commissioner Ben Perry, Waco
Duane Lock, Southlake
Monica McBride, Alpine

"The Commission on Jail Standards welcomes all suggestions and will promptly respond to all complaints directed against the agency or any facilities under its purview."

To empower local government to provide safe, secure and suitable local jail facilities through proper rules and procedures while promoting innovative programs and ideas



**Texas Department of Criminal Justice
OFFICE OF THE INSPECTOR GENERAL
P.O. Box 4003, Huntsville, Texas 77342**

To: DIXON, LAWRENCE

Date: February 25, 2021

Unit/Department: HODGE UNIT

Correspondence/Complainant #: 2100002333

Subject: DIXON, LAWRENCE

TDCJ #: 01751862

The correspondence forwarded to the Office of the Inspector General has been read and evaluated by OIG staff. Based on the information provided, the relevant issues stated will be addressed in the following manner:

- ☒ An OIG Investigation will not be conducted.
- ☐ The allegations presented do not come under the investigative purview of this office.
- ☐ This correspondence contains issues that should be submitted through the unit grievance procedure.
- ☐ If you are not satisfied with your Step 1 Grievance response, you should file a Step 2 Grievance to continue the Inmate Grievance procedure.
- ☐ Allegations or complaints relating to minor staff misconduct or unit issues will be forwarded to the Unit Warden.
- ☐ The TDCJ Use of Force Office automatically reviews all use of force reports. If further investigation is considered appropriate, the UOF will be referred to the OIG.
- ☐ Allegations of life endangerment will be forwarded to the Unit Warden's office.
- ☐ Polygraph examinations are not administered at offender's request.
- ☐ The correspondence received contains issues relevant to the _____ and will be forwarded there. Please send further correspondence related to this matter to the above referenced office/department.
- ☒ Other: **OIG can not assist you in filing a Civil Suit**

****NOTE: Prison related issues should be directed to the appropriate TDCJ department. Sending your concerns to the wrong department or agency delays valuable response time.**

☐ Original Documents Returned to Inmate.

CC:

SDB/741



State Counsel for Offenders

Texas Board of Criminal Justice

P.O. Box 4005

Huntsville, TX 77342-4005

(936) 437-5203

August 7, 2020

Lawrence Eugene Dixon

TDCJ ID# 01751862

HD-075

RE: TDCJ Allegations, Civil and Federal suits

Dear Mr. Dixon,

This is in response to your recent request to State Counsel for Offenders. On August 5, 2020 I responded to you about the internal nature of your allegations against TDCJ- and will refer to that response.

August 5, 2020

Lawrence Eugene Dixon

TDCJ ID# 01757862

HD-075

RE: Sexual Assault, Assault, Medical

Dear Mr. Dixon,

This is in response to your recent request to State Counsel for Offenders. The issues you identify relate to internal TDCJ matters which are handled following the processes outlined in the Offender Orientation Handbook. SCFO does not represent you for these internal TDCJ matters.

Your issues relating to health/medical issues should be directed to your Unit Physician who is the primary care provider at the unit level and is responsible for the determination of medical treatments, medical restrictions, and scheduling services. You should attempt to resolve your problem at the Unit level, first by contacting, by I-60, the Unit Medical Administrator for assistance. If you are not in agreement with his/her response, you can follow the grievance process outlined in the Offender Orientation Handbook.

Other issues should be addressed by the appropriate reporting process in the Offender Orientation Handbook.

Your allegations relating to sexual assault should be directly related to PREA. In accordance with Section 501.172 of the Texas Government Code, the Prison Rape Elimination Act (PREA) Ombudsman coordinates the agency's efforts to eliminate sexual abuse and sexual harassment of offenders in TDCJ correctional facilities. The

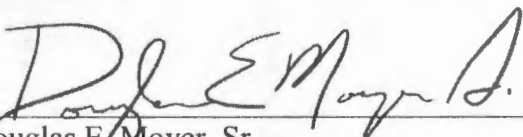
PREA Ombudsman serves as an independent office to review or conduct administrative investigations of allegations of sexual abuse and sexual harassment, as well as provide a point of contact for elected officials, the public, and offenders to report allegations of sexual abuse and sexual harassment, or inquiries related to the PREA.

Contact:

PREA Ombudsman Office
PO Box 99
Huntsville, TX 77342-0099

As to your proposed civil suit and federal action- these are outside SCFO representation and you will need to proceed on your own or hire an attorney.

Sincerely,

/s/  /s/
Douglas E. Moyer, Sr.
Staff Attorney
Legal Services Section

cc: file - ERA



State Counsel for Offenders

Texas Board of Criminal Justice

P.O. Box 4005

Huntsville, TX 77342-4005

(936) 437-5203

August 5, 2020

Lawrence Eugene Dixon
TDCJ ID# 01757862
HD-075

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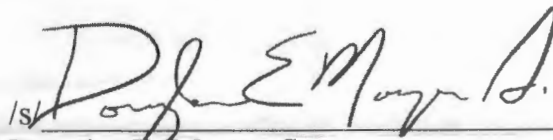
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a point of contact for elected officials, the public, and offenders to report allegations of sexual abuse and sexual harassment, or inquiries related to the PREA.

Contact:

PREA Ombudsman Office
PO Box 99
Huntsville, TX 77342-0099

Sincerely,

 /s/ Douglas E. Moyer, Sr. /s/
Douglas E. Moyer, Sr.
Staff Attorney
Legal Services Section

cc: file - ERA

So then the nurse said then you going to be lock down ANY way if you ~~don't~~ DONOT go. She lock me down because I REFUSE to go to the Hospital. Hodge Security came and took me to L-wing to be lock down. then 5-minute late Hodge Security came back and say NO DIXON YOU ARE GO BACK TO YOUR wing F-wing. Not knowing that this nurse hate me so much ~~because~~ because I REFUSE to go to the Hospital. She was so upset with me too where she I put my Life in Danger AND put me at a High Risk of been INJURY by other inmate because she Had mis Diagnosis my Sickness. because she Hate that I REFUSE medical. Now I been threat I Have been threat EVERY DAY from other inmates ON F-wing because of this nurse Hate and be upset with me. I Have been put at every High Risk of been Harm. if so I would want too Hold

Action Requested to resolve your Complaint: I Have been threat EVERY DAY from other inmates ON F-wing because of this nurse Hate and be upset with me. I Have been put at every High Risk of been Harm. if so I would want too Hold

Offender Signature: Lamarr Day Date: 2-17-21

Grievance Response:

A review of your health record indicates that nursing staff followed procedures exactly as required when inmates are considered to have symptoms related to the COVID-19 virus. Even though you refused off-site treatment, it was necessary to restrict you and your housing area until test results were obtained. The investigation has failed to produce sufficient evidence to support your claims against health services staff. Grievance denied.

Christina Moore
Business Manager, Inpatient Operations
University of Texas Medical Branch (UTMB)

Signature Authority: Christina Moore, Business Mgr.Date: 4/7/21

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted.
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
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- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
2 nd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
3 rd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	



STEP 1 OFFENDER GRIEVANCE FORM

Offender Name: Mr. Lawrence Dixon TDCJ # 1751862
 Unit: Hodge Housing Assignment: J-2-F-110
 Unit where incident occurred: Hodge Unit Mail Room

Grievance #: _____
 Date Received: _____
 Date Due: _____
 Grievance Code: _____
 Investigator ID #: _____
 Extension Date: _____
 Date Retd to Offender: _____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing. we on lock down

Who did you talk to (name, title)? I did not have a opportunities When? 12-2-2020

What was their response? it was none because we went on a lock down

What action was taken? it was too late to taken action because the Damage Have

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I inmate Lawrence Dixon wrote A very personal letter to my sister Sheryl. Share my dream emotional feeling about buy her and my mother A Home. And I want also was tell her about some legal mail I have receive from some attorney. AND I was also explained too her about this law suit that I'm file on this prison. I was not talk about hurt no one or kill any body or talking about breaking out of prison. I did not draw nothing outrageous on the envelope OR on the letter. it was no violence talk about in this letter. Now what was the reason for the mail room too denied my mail too go out or to stop my mail from going out? The only reason I can see that the mailroom stop my letter from going out is this. I told my sister about some thing legal. At that was I was say that I was trying too file A law suit against this prison, and it upset the mail room department that I just might have some help suing this prison. so if this is true this mail room have violate my legal rights to private mail and my too my private dream. They deprived me of my freedom of speak. They cause me a stamp and A envelope. my letter was not seal also why did they stop it. I cannot see why.

But I can see this A lot of rights and amendments been Violate Here. because I was write A Private Dreams and About Some legal Assistance. I feel Very Bad About my Letter been Stop by the mail Room I feel A lot of Emotion and Stress From this

Action Requested to resolve your Complaint. I want the mail Room and the Person who Stop my Letter and Read my Private Legal mail and my Private Dream. Lette From going out. to be Held liable For this Stuffering

Offender Signature: _____ Date: 12-3-2020

Grievance Response: _____

Signature Authority: _____ Date: _____

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☒ 11. Inappropriate. *

UGI Printed Name/Signature: L. GROVER B. BLANCHETT
DEC 07 2020

Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY	
Initial Submission	UGI Initials: LG
Grievance #	2021045184
Date Recd from Offender:	DEC 07 2020
Date Returned to Offender:	DEC 07 2020
2 nd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3 rd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____

1751862 Hodge Unit
Mr. Lawrence E. Dixon
379 Fm 2972 W.
Rusk TX 75785

(Legal)

RECEIVED
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MAY 24 2021

PER

DEPUTY CLERK

OK SPC

United States District Court
Middle District of Pennsylvania
235 N. Washington Avenue
P.O. Box 1148
Scranton, PA. 18501

